

## **State of Tennessee Tennessee Department of Commerce and Insurance** Real Estate Appraiser Commission 500 James Robertson Parkway Nashville, TN 37243-1166 (615) 741-1831

# TRAINEE REGISTRATION

(THIS IS NOT AN APPLICATION FOR A LICENSE/CERTIFICATE) (TYPE OR PRINT IN INK)

finis application for Tra must be accompanied I fee of \$125, made payal	_	FOR COMMISSION USE ONLY STAFF REVIEW DATE REGISTERED EDUCATION REGISTRATION NO EXPERIENCE EXAM APPROVAL FINAL APPROVAL			
SOCIAL SECURITY NUMBER	APPLICANT INF	FORMATION  BIRTHDATE	]		
MR. ☐ NAME OF APPLICANT Ms. ☐	FIRST NAME FULL MIDDL	E NAME LAST NAME	OTHER NAME (IF ANY)		
RESIDENTIAL ADDRESS:	STREET ADDRESS (REQUIRED)		APARTMENT NUMBER		
	CITY, STATE, ZIP				
	POST OFFICE BOX  E-MAIL ADDRESS	CITY, STATE, ZIP (FOR PO BOX)  HOME TELEPHONE			
BUSINESS ADDRESS:	BUSINESS NAME				
	STREET ADDRESS (REQUIRED)				
	CITY, STATE, ZIP				
	POST OFFICE BOX	CITY, STATE, ZIP (FOR PO BOX)			
	COUNTY	BUSINESS TELEPHONE			
	FAX NUMBER	E-MAIL ADDRESS			

PRIMARY SPONSOR						
Mr. Ms	. <u> </u>					
	First Name	Full Middle Name	Last Name	Certificate Number		
BUSINESS ADDRESS:	Street Address	(required)		Apartment Number		
	Post Office Box		City, State,	Zip (for PO Box)		
	City, State, Zip					
	County		Business To	elephone		
		AFFIDAVIT				
obtained adequate education	on and experience ne	nours (500) hours of experiences any the registered trained a	npetency to conduct	proper inspections alone.		
registered trainee has accureviewed the rule regarding appraisal performed by such I will notify the Commission  Printed Name of Sponsor  Signature of Sponsor  Sworn to and subscribed	assignments that are mulated over five hun a trainee and unders h a trainee under my within thirty (30) days  Date  before me this	e over fifty (50) miles from the ndred (500) hours of accepta stand all my responsibilities at supervision. If there is any sof such change.  Certification day of day of	e supervising apprais ble appraisal experie s a sponsor. I take f change in my status ate Number	ser's office even after the nce. I have read and ull responsibility for each as a sponsor of this trained		
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Name and address of College or University

## TRAINEE EDUCATION LOG

Qualifying education must fall within the categories listed below. Each course claimed must consist of a minimum of fifteen (15) classroom hours with a successfully completed examination.

Completion of an approved thirty (30)-hour course in Appraisal Principles, an approved thirty (30)-hour course in Practices and Procedures, and the fifteen (15)-hour National Uniform Standards of Professional Appraisal Practice Course are required. No correspondence or Internet courses may be used.

Copies of certificates or other proof of successful completion must be submitted. Applicants who attended courses not pre-approved by the Commission should submit individual course approval (separate application).

An applicant shall obtain course credit within the five (5)-year period immediately preceding an applicant's submission of his or her application for registration as a registered trainee.

Date	Course Title	Course Content	Provider	Location	Course Hours	
BASIC REAL ESTATE APPRAISAL PRINCIPLES						
Г	PRACTICE	S, PROCEDURES AI	ND METHODOLOG	iY		
UNIFORM STANDARDS OF PROFESSIONAL APPRAISAL PRACTICE						

TOTAL EDUCATION HOURS CLAIMED

### CHARACTER INFORMATION

# IF ANY OF THESE QUESTIONS ARE ANSWERED YES, PLEASE EXPLAIN ON A SEPARATE SHEET OF PAPER.

Have you ever been denied an appraiser license or certificate or had an appraiser license or certificate or professional license of any type suspended or revoked in Tennessee or elsewhere? This would include the voluntary surrender of a license. Yes Are there currently charges pending against you in connection with any appraiser or other professional license that you hold? Yes No Have you ever been convicted of, pled quilty, or pled no contest to any criminal offense, or is there any criminal charge now pending against you? If yes, please attach court documents. Yes 🗌 No 🗆 Has any judgement or decree of court been entered against you in which you were charged in the petition, complaint, declaration, answer, counterclaim or other pleading with any fraudulent or dishonest dealing? Persons who answer "yes" to any of the questions will not be automatically disqualified for licensure; however, the applicant MAY BE REQUIRED TO APPEAR BEFORE THE COMMISSION TO EXPLAIN HIS/HER ANSWER TO THE QUESTION OR PROVIDE ADDITIONAL INFORMATION REGARDING THE SITUATION. If you answered "yes" to Question No. 3, you will be required to provide a certified copy of the court documents in that PARTICULAR ACTION. **AFFIDAVIT** I have fully read and understand this application and the information given herein is true, correct and complete to the best of my knowledge. If so requested by the Tennessee Real Estate Appraiser Commission, I will furnish all additional information or documentation as may be deemed necessary for the verification of the information given here. I acknowledge that this application may be disapproved for cause and that any registration that I may obtain may be revoked for supplying false or misleading information to the Commission. I agree to comply with the standards set forth in T.C.A., Title 62, Chapter 39, and I understand that violations of that chapter and the rules of the Tennessee Real Estate Appraiser Commission shall be grounds for disciplinary proceedings against me. I fully understand that this registration does not entitle me to a license or certificate. and all reports must be reviewed and signed by my sponsor. Signature of Applicant Date County of\_\_\_\_\_ State of \_\_\_\_\_ Sworn to and subscribed before me this the \_\_\_\_\_\_day of \_\_\_\_\_\_, Notary Public Date My Commission Expires:

# **SPONSOR AFFIDAVIT**

C	hange in Primary Sponso	or		
	hange in Secondary Spo	nsor		
A	dditional Secondary Spo	nsor		
accumulated 500 henecessary to achieve egistered trainee a miles from the superacceptable appraisal have read and revoor each appraisal	ours of experience and whome the competency to condum the competency to condum the competency to condum the competency and performed by such trained the competence.	en I have determined that the uct proper inspections alone. I subject property with the regiven after the registered trained at trainee and understand all m	exterior inspection of all pro- trainee has obtained adequated However, the supervising appropriate trainee on all assignments as accumulated over five his my responsibilities as a sponsority. If there is any change in	te education and experience raiser shall accompany the ents that are over fifty (50) undred (500) hours of error. I take full responsibility
	PRIMAR	Y SPONSOR Yes	No	
As a sponsor, I will	be responsible for the direc	et supervision of the trainee in	his/her role as a trainee under	my supervision.
Certificate Number		Signature of Sponsor		<del></del>
STATE OF		COUNTY OF		
		day of		_
	Notary	y Public		
	My Co	ommission Expires:		
		SPONSOR INFORMATION (Please Type or Print i		
Name	First	Middle	Last	
Business Address				
243111633 AUU1633	Street Address		РО Вох	
	City, State, Zip Code			
	Business Name		Telephone	

IN-1329 (REVISED 9/07)

#### **STATE OF TENNESSEE**

DEPARTMENT OF COMMERCE AND INSURANCE REAL ESTATE APPRAISER COMMISSION 500 JAMES ROBERTSON PARKWAY NASHVILLE, TENNESSEE 37243-1166 615-741-1831

# PROPERTY INSPECTION AFFIDAVIT

### PRIMARY SPONSOR AFFIDAVIT FOR PROPERTY INSPECTIONS

This is to certify that I, _			······································	am	currently	sponsoring
	Trainee Number	I also certify t	hat this tr	ainee	has accui	mulated 500
hours of experience and that I o	r another authorized	sponsor has personally t	rained and	d acco	ompanied t	hem on eacl
inspection to date. However, the	supervising appraise	r shall accompany the reg	gistered tra	ainee	and persor	nally inspect
each subject property with the re	gistered trainee on all	assignments that are over	er fifty (50)	miles	s from the s	supervising
appraiser's office even after the r	egistered trainee has	accumulated over five hu	ndred (50	0) hou	urs of acce	ptable
appraisal experience.						
Printed Name		Certificate #		<del></del>		
		Date				
Signature of Sponsor	<del>-</del>	Date				
State of	<del></del>	County of				
Sworn to and subscribed before r	ne this	day of	, 20			
Notary Public						
		My Commission Expir	es:			
TRAINEE AFFIDAVIT FOR PRO	PERTY INSPECTION	S				
This is to certify that I,		, Trainee Numbe	r	_, ha	ve conduc	ted property
inspections to equal 500 hours or	f experience. My auth	norized sponsor has appr	opriately t	rained	d and acco	mpanied me
on these inspections. My sponso	or will continue to acco	ompany me on all inspecti	ions over t	50 mil	es from my	, supervising
appraiser's office.						
State of		County of				
Sworn to and subscribed before r	ne this	day of	, 20			
Notary Public		_				

My Commission Expires: